

**BRASS/PLASTIC ENGRAVING**  
**WORK REQUEST**

NAME: \_\_\_\_\_

Work PHONE \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SIZE: \_\_\_\_\_

DATE REQUESTED: \_\_\_\_\_ DATE REQUIRED: \_\_\_\_\_

- ◆ REQUEST IS TO BE MADE AT LEAST TWO WEEKS PRIOR TO THE DUE DATE.
- ◆ INDICATE IN BOX BELOW WHAT IS TO BE PLACED ON PLASTIC/BRASS PLATE EXACTLY AS YOU WANT IT TO APPEAR.
- ◆ PLEASE E-MAIL YOUR REQUEST TO GIANNI AT [iannaccg@nsa.naples.navy.mil](mailto:iannaccg@nsa.naples.navy.mil), PHONE 6265392, CC TO MICHELE AT [lattanzmi@nsa.naples.navy.mil](mailto:lattanzmi@nsa.naples.navy.mil), PHONE 6265304, or fax to 6265393.

REMARKS: \_\_\_\_\_

APPROVED/DISAPPROVED BY NSA ADMIN CPO/AO: \_\_\_\_\_

ENGRAVING WORK DONE BY: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_

ENGRAVING RECEIVED BY: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_  
(PRINT)

ENGRAVING RECEIVED BY: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_  
(SIGNATURE)